

State Personnel Board
 Training Registration Form
 Please complete a separate form for each participant

Participant's Name:	Social Security Number:
Title:	Participant's Telephone Number:
Are you a supervisor?	Are you currently in the ASCP/CPM Program? Circle One
Name of Agency & Address:	Special Services Needed:
Participant's Supervisor's Signature:	Supervisor' Telephone Number:
Agency Director's Signature: (or)	Agency Training Coordinator:

Workshop Titles(s)	Date Requested	Cost

Billing Information

Please bill to:

Agency: _____

To the Attention

of: _____

Address: _____

All registrations should be made as far in advance of the course start date as possible, as each course is filled on a first-come, first-served basis. **Agencies will be billed for registrants unless cancellation is received ten (10) days prior to the course start date.** Substitutions are allowed up to the start of the course (*advance notice requested*). Written confirmation will be sent to all students one week to ten (10) days prior to course date. If you do not receive confirmation/cancellation notice, please call (601) 957-1656.

**Mail all registrations and/or requests for information to:
 State Personnel Board Training Division
 301 North Lamar Street, Suite 100, Jackson, Mississippi 39201
 or fax to Angela Armstead at (601) 957-7760**